

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

550  
Lobbyists Registration Number

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017. (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

## FOR OFFICE USE ONLY

Postmark Date: 1-29-98

LSUPP

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1. NAME FOSTER DANA A.  
Last First MI

2. BUSINESS PHONE (318) 424-5712

3. BUSINESS ADDRESS N/A  
Street and No. City State Zip

4. EMPLOYER HARRAH'S CASINO

5. EMPLOYER'S ADDRESS 401 Market St. Shreveport, LA. 71101  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name LOUISIANA STATE UNIVERSITY IN SHREVEPORT  
Address ONE UNIVERSITY PLACE, SHREVEPORT, LA. 71115  
Business or purpose University

☐ New Representation  
Does this person pay you? NO

If No, who pays you? My work was done on a volunteer basis.

☒ Terminated Representation as of 1/22/98

SUPPLEMENTAL REGISTRATION FORM



2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

State of Louisiana  
Parish of Caddo

Before me, the undersigned authority, personally came and appeared Dana A. Foster, who,  
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Dana A. Foster  
Signature of Lobbyist

Sworn to and subscribed before me on this 22 day of January, 19 98.

Liesel M. Boniel  
Notary Public